

L10000094479

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 16 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Home Rentals, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James E. Logston, II
Name of Person

Superior Home Rentals, LLC
Firm/Company

11758 Carson Lake Drive west
Address

Jacksonville, FL 32221
City/State and Zip Code

pursuit99@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James E. Logston, II at (904) 591-6007
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 AUG 15 PM 12:49

Superior Home Rentals

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09-09-2010 and assigned Florida document number 210000094479.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11758 Carson Lake Dr. W
Jacksonville, FL 32221

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11758 Carson Lake Dr. W
Jacksonville, FL 32221

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

James E. Logston, II

New Registered Office Address:

11758 Carson Lake Drive West

Enter Florida street address

Jacksonville

City

Florida

32221

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

James E. Logston II

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Russell L. Mitchell	5521 Greatpine Lane N. Jacksonville, FL 32244	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	James L. Williams	5627 alpha avenue Jacksonville, FL 32205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	James E. Logston, II	11758 Carson Lake Dr. W Jacksonville, FL 32221	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 8-13, 2012.

James E. Logston II

Signature of a member or authorized representative of a member

James E. Logston, II

Typed or printed name of signee